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Fever various, An Essay
on

NO 1.

The morbid appearances

observed after death

in the

Yellow-fever

By Edward Loeber

" Philadelphia,

Honorary member of the
Philadelphia Medical Society.

A. D. 1807.

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Introduction.

The disease of yellow fever has been so repeatedly investigated by Physicians in different parts of the world, that on this subject, if the Essay embraced it, I could offer nothing new or interesting. I shall confine myself exclusively to the morbid appearances observed after death in this disease. On this part of the subject Physicians have done much less than could have been desired. It is true they have given the morbid appearances, as observed on different occasions, in several parts of the Continent; but their accounts have been so often contradictory, that it is very probable, we have sometimes had, for those of the yellow fever, the morbid appearances of a very different

disease. But that this may be the more correctly judged of, I shall first take a brief view of the morbid appearances, ^{as} observed after death in the yellow fever, by several Physicians in different parts of the world, & then give a short detail of twenty one dissections which were made during the prevalence of the yellow-fever at Philadelphia in 1805. I have to regret circumstances compelled me, to examine so partially, & in some instances entirely to overlook many of the viscera in these dissections. The Contents of the Thorax, & the Brain, were sometimes examined; but seldom presented a diseased appearance. After having detailed the Dissections I shall give a short account of the Black-vomit-

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A brief view of the morbid
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death in yellow-fever in
different parts of the world.

D.^r Mitchell, of Virginia, is among
the first who examined the bodies of
those dead of the yellow fever. He made
his dissections in the years 1761 & 2; of which,
in a letter to Governor Colden, he gives the
following account. The Liver, he says,
was generally found turgid & plump, & its
concave surface of a deep black colour, round
the Gall-bladder seeming to be mortified
or corrupted. The Gall-bladder contained
a blackropy atrabilis which resembled
bruised, or mortified blood, evacuated
from the mortified parts of the Liver
surrounding. It would, however, stand
a knife, or probe, thrust into it, which
is a proof of its origin. The stomach.

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had its villous, & in one instance, its
peritoneal coat inflamed. It contained
nothing but a small quantity of debris,
taken just before death, and some of
the black cholea, resembling that in
the Gale-bladder, floating upon it,
which was of a blacker colour here,
than in the Gale-bladder itself.

Upon inspecting the viscera in this
same disease, Dr. Living of Charleston,
found, on the inside of the stomach,
several carbuncles, or gangrenous spots,
and says, that in all he examined, he
not only observed the same appearance,
but found the blood very fluid, & the
vessels of the viscera much distended.
From whence, he says, he was very in-
clinable to think when the disease was

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not congealed in its first stadium, that about the termination of the fever there was a metastasis of the morbid matter to the viscera.

D^r Hillary in his observations on the putrid bilious fever, commonly called the yellow fever of the West-India Islands, says, "upon opening the bodies of those who die of this disease, we generally find the Gall-bladder, and biliary ducts, turgid and filled with a putrid blackish bile, and the Liver, and stomach, and adjoining parts, full of livid, blackish, mortified spots, and sometimes gangrenous in them, as also several other parts of the body."

In several bodies examined by

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Dr. Jackson, the morbid appearances varied in different cases when the irritation had been great, and the reaction of the vascular system violent, in the early stage of the disease, the liver, brain, and very frequently the inner surface of the stomach, exhibited marks of derangement. In what is called the first form of the yellow fever, the vessels of the brain were frequently found distended with blood, and in some particular instances, its membranes were inflamed. The inner surface of the stomach often exhibited large spots, or circles of a bright red, resembling actual inflammation, in the center of which were frequently seen small points, like beginning gangrene. The

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villous was sometimes in the act of ~~the~~
 separating, and in some places, actually
 separated from the nervous coat of the
 stomach. The appearance of the Liver
 was various. In some instances its vessels
 were greatly distended, and the biliary
 ducts proportionally enlarged. In other
 instances it was uncommonly large, black,
 and distended, as if suffocated with
 blood, and its membranes were ruptured.
 The urinary bladder was often small &
 contracted, and on its internal surface
 were bloody spots. It seldom contained
 urine.

In the Medical Repository, N^o.
 Vol. 2. p. 249, we have an interesting ac-
 count of three dissections made by Drs
 Warren and Rand, during the prevalence
 of the yellow fever at Boston in 1798.
 In their first dissection they found the

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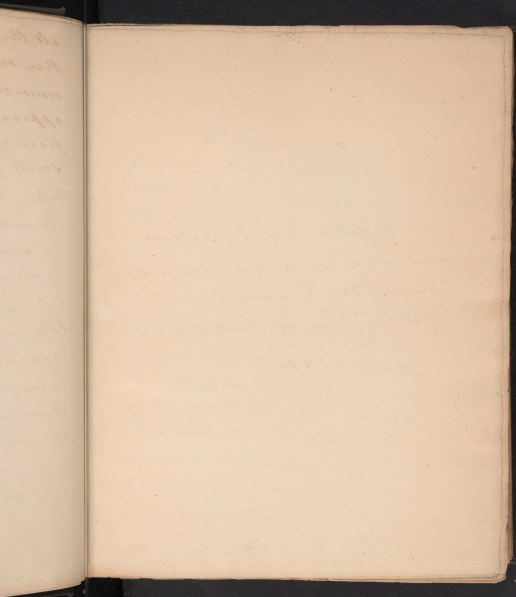
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stomach with every mark of inflammation; but in the second and third it was nearly natural. In every instance the Liver was greatly inflamed, and the lungs very considerably diseased. In one case eight or ten ounces of blood were effused into the cavity of the Thorax. The brain of the second subject they examined was greatly distended with blood, and one or two ounces of serum were effused between the dura and pia mater.

D^r. Christolm in the first volume of the second edition of his work on the malignant pustulentia fever, p. 183, has published an account of several dissections made by himself and others. In every case, which came under his own notice, the Liver was very considerably diseased. In the first case, which, he says, resembled

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all the rest, the liver had shrunk to less
 than one half its natural size, was un-
 commonly flaccid, and of a colour nearly
 approaching a buff: The gall bladder was
 flaccid and greyish, and contained a
 small quantity of very dark colouredropy
 bile - The Intestines were inflated, in-
 flamed, and sphaculated, particularly
 the duodenum a little beyond the pylorus
 The Lungs were highly inflamed, and of
 a lively texture and hue - The bladder con-
 tained near three quarts of urine, and its
 coats were much thickened. From this
 account Dr. Christholm appears to have
 observed the Stomach diseased in no
 one instance.



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The following Dissections
were made at the City Hospital
during the prevalence of the
yellow-fever at Philadelphia
in
1805.

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Dissection 1.

A Child, six years of age, was the subject of the first examination. In addition to the usual symptoms of yellow fever, this case was attended with constant stupor. Upon opening the body the following appearances were observed: The Stomach was inflamed in one or two spots, and contained a considerable quantity of black, short not very fluid matter. The discharge in this instance, as well, perhaps, as in every other, reduced the inflammation of the stomach, which before death, in all probability, was very considerable. The Liver, and all its appendages were natural. The Bile and Black vomit were compared; but had not the least resemblance. The Brain, together with its ventricles, were perfectly natural.

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An inter-furcatus existed in two
portions of the small Intestines, which,
like the stomach, were inflamed.

Dissection 2.

Up on opening the abdomen of a
young man, the stomach was found
contracted, and its internal coat of a
redish brown colour. It contained black
vomit, which, in its odour, was not a
little offensive. In cutting thro' the oes-
ophagus, in order to remove the stomach,
a worm was discovered. This appearance of
worms was by no means uncommon.
The internal coat of the stomach was
remarkably corrugated; in consequence
of the great contraction of its muscular
fibres. The Patient, however, never com-
plained of any thing like Spasm, nor, dur-
ing his indisposition, never once vomited.

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Dissection 3.

In the third dissection the stomach was found much inflamed, and distended. In some parts of it the villous coat had the appearance of ulcerations. The Intestines, as well as the stomach, contained large quantities of black matter. The colour of the Intestines, which was uncommonly black, I expect proceeded from the great quantity of black matter they contained. The Liver was yellow, but in every other respect natural.

Dissection 4.

Fourteen days previous to his death J. H. was attacked with the usual symptoms of the prevailing Epidemic. In its first stage, the disease was highly inflammatory, and was accordingly treated with depleting remedies, of which

blood-letting was much inferior to pur-
ging. Upon inspection, The stomach
was found without inflammation, but
having its coats, in some degree, thickened.
The Intestines were loaded with worms
and black matter. The Liver was of its
natural size; but had a yellow colour.
Altho' this Patient never complained of
any affection about the region of the Pubis,
the bladder was found considerably
diseased.

Dissection 5.

The symptoms in this case were
nothing uncommon. Upon opening the
Thorax the contents were found natural;
the pericardium excepted, which con-
tained a small quantity of yellow serum.
The contents of the abdomen were in a
very different state. The stomach, near the

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cardia, was considerably inflamed, and contained a large quantity of black flocculent matter. On the internal coat of the stomach there was a circumscribed spot evidently gangrenous. The jejunum & ileum were inflamed, and contained black matter. The Liver, Gall bladder, and spleen were natural. The urinary bladder was considerably distended. The Scrotum was observed to have advanced much more rapidly towards putrefaction than any of the surrounding parts.

Dissection 6.

In this case, altho' the morbid appearances indicate great disease, the symptoms during the indisposition of the Patient were by no means violent. The Patient was a man, aged thirty, and died a short time after his admission into the Hospital. Upon opening the abdomen the stomach

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was found of the natural size, but extensively inflamed, in one spot gangrenous, and containing a large quantity of black flocculent matter. These flocculi had much the appearance of ~~black~~ coagulated blood; differing in some degree, perhaps, in consequence of having remained for some time in the stomach. The small intestines were very considerably inflamed, and the jejunum and ileum contained a large quantity of black matter. The Colon was more natural; tho' not entirely free from disease. The Liver was considerably enlarged, indurated, and yellow. The Gale bladder was larger than natural. The Pancreas was also indurated. The coats of the urinary bladder were thickened, and the abdomen contained a quantity of ^{yellow} serum. As this man had been extremely intemperate in

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The use of spirituous liquor, there is no doubt but that the morbid appearances of the Liver and Pancreas should be referred to that unhappy practice.

Dissection 7

J. C. was admitted into the City Hospital with the usual symptoms of the yellow fever, which, on the fifth day of the disease, terminated his existence. During his indisposition, he complained of suppression of urine, and was affected with considerable stupor. The Brain was examined, but contrary to expectation, found not in the least diseased. The stomach was slightly inflamed, and contained some of the black vomit. The small intestines were inflamed, and contained bloody mucus. The Liver was natural in its size and

testum; but of a slightly yellow colour. The urinary bladder was of its natural size; but considerably inflamed, and, in some parts, gangrenous.

Dissections 8 and 9.

The appearances after death in these two cases were very similar. In one the Brain was examined, but deviating in no respect, from the natural state. The Stomach of both was inflamed and contained black matter. The Intestines of one, were natural; of the other, inflamed. The Liver, its yellow colour excepted, was natural. The Gall bladder was small, and its bile very different in appearance from the black vomit in the stomach. In one of the cases the urinary bladder was contracted to so small a size its cavity was nearly obliterated.

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Dissections 10th and 11th

The appearances after death in these two dissections were very similar; but the symptoms during the indispositions of the Patients, were as dissimilar. In one of them, during the whole of his illness, it was impossible to induce him to take drink, nourishment, or medicine of any kind. And if an attempt were made to force them on him the Pain was in danger of being bitten. The symptoms, were, in some measure, evidently hydropic, & had circumstances permitted we should have examined the Thorax. Upon opening the bodies I found the stomach considerably inflamed, and containing black vomit. The Intestines were nearly natural. In one of the cases

The Liver was natural, in the other, its concave surface was of a blue colour. The Bladder, which was examined, was natural.

Dissections 12, 13 and 14

In these three cases the stomach was almost the only organ affected. The inflammation in one case was great, but in the other two, less considerable. The Intestines, except in one case, when it had been pretty considerably, were nearly natural. In two of the cases the Liver was natural; in the other its concave surface was nearly the colour of the spleen. The Gall bladder was much contracted, as also the urinary bladder, which, in one case, contained a small quantity of yellow fluid.

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Dissection 15.

This case terminated in death on the fourth day. upon examination I found the stomach slightly inflamed, and containing a large quantity of black flocculent matter. The Intestines and their contents were natural. The Liver was natural and the Gall-bladder considerably distended. The Blood in the ventricles of the Heart was very fluid.

Dissection 16.

At 8, the subject of the 16th dissection, in a short time after being attacked with symptoms of the malignant fever, was admitted into the City Hospital. During his illness in the Hospital he exhibited no crains; but perspired most profusely. This was particularly the case after coming out of the warm bath. His eyes were inflamed, and his countenance indicated a most malignant disease. The viscera upon examination

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exhibited the following appearances:
The stomach was highly inflamed &
its internal coat remarkably corrugated.
The inflammation was not, as is most
usual, in spots; but it occupied the
whole of the internal coat of the stomach.
The contents were natural. The Liver,
Gall-bladder, & bile were natural. The
Kidneys were also natural. The bladder
was contracted to a very small size, &
contained not more than a diam of urine.

Dissection of

C. He was admitted into the City Hospital
with symptoms of the yellow fever assum-
ing the type of an Intermittent. The
Intermittent was so well marked, and
the accession of the chilly fit succeeded
by fever, so regular, that the Bark was
prescribed without hesitation. For a time
the remedy appeared to have done every
thing desired. At length, however, the

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disease assumed its most common form, and suddenly terminated in black vomit and death. Upon opening the Thorax, I found the left lung adhering to the Pleura in every direction. The right lung was natural. The Pericardium contained a portion of yellow serum. The stomach was very considerably distended, and contained, upon admeasurement, thirty two ounces of black vomit. Near the Pylorus was a gangrenous spot, the size of a half dollar piece. The Intestines contained a large quantity of black matter. The Liver was natural. The Gall bladder was contracted and contained a small quantity of viscid bile. The urinary bladder was also much contracted.

Dissection 18.

The subject of this dissection was a Sailor admitted into the Hospital without pulse. The contents of the Thorax

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were natural. The stomach was slightly inflamed, and contained a chocolate coloured matter. The Intestines, and their peritoneal coat (in a small degree) were inflamed. The Superior surface of the Liver appeared natural, its inferior of a bluish colour. The Kidneys were natural; but the urinary bladder contracted to a very small size.

Dissections 19, 20 & 21-

The appearances observed in these three cases were very similar to those mentioned in the preceding dissection. The Stomach and Intestines were the viscera most diseased. The Liver was natural, and the urinary bladder considerably contracted.

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Of the Black vomit.

Having so frequently mentioned the morbid appearance of black vomit in the foregoing Dissections I shall now give a short description of it.

The Black vomit, when ejected from the stomach in small quantities, is not black, but consists of a dark brown flaky substance, resembling the grounds of spirits potter; suspended in a fluid, lightly viscid; becoming nearly transparent, when at rest; by the subsiding of the brown particles, when the vomit is discharged in large quantities, it is of a black colour, resembling the grounds of strong coffee, slightly fatid; after standing a few hours, a deposition takes place of a black flaky substance, from a fluid similar in colour, to an infusion of green tea, moderately viscid, having

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a very faint sweetish animal odour, and
rather a saccharine taste. The flaky
particles, which precipitate on standing
in sizes, and of a very singular figure,
not very frequently mixed with pieces of
the villous coat of the stomach, which
may be distinguished by their being longer
in subsiding to the bottom of the vessel,
than the true flaky substance. There
is some disproportion between the flaky
substance and the yellow columnar fluid.
The former is generally greater in quantity,
and when separated, is readily evaporated
by the least agitation of the
vessel, and when kept in a vessel well
closed, for eight or ten days, assumes
rather an agreeable odour, and is extremely
brisk like fermenting beer.

Having given this short account of
the nature of the black vomit, it now
remains to ascertain by what means it

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When the yellow fever first appeared in this country, and for a considerable time after, Physicians almost uniformly believed the black vomit a retentive secretion of bile. This opinion prevailed with many till the year 1800 when Dr. Physick published a paper, in which he satisfactorily proved the black vomit was a discharge from the stomach, and not, as had been supposed, a secretion from the Liver. About this same time Dr. Saunders of Tortola advanced the same opinion. The correctness of the opinion then two Gentlemen entertained, will appear from the following arguments:

1. If the darkest coloured bile be spread thinly over a white surface, it loses the black colour it had in its accumulated state. If the black vomit be treated in the same way it will retain its black or

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2. The bile in the Gall bladder has its common bitter taste; but the black vomit is, in general, nearly insipid. This fact has been ascertained by many persons & among others the late Dr L. Cooper. Patients in the act of vomiting have often ascertained it.

3. The black vomit differs materially from any fluid that can be produced by a mixture of bile with the fluids of the stomach or Intestines.

4. I have seen more than thirty ounces of black vomit in the stomach of a subject whose Gall bladder was small and contracted, and contained a very inconsiderable portion of viscid bile. In other instances the Gall bladder has contained a transparent and colourless, and sometimes a purulent coloured fluid; while the stomach contained black vomit of the nature above described.

Finis.